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Subject: Planning Conference (1 April 1966) on Medical and
Psychological Evaluation Procedures to be Carried
Out on Candidates for Special Pilot Training and
Operations. STATINTL
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To: All Participants: Doctors [REDACTED]
[REDACTED] Flickinger and [REDACTED]

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A. Purpose and Objectives of Conference

1. To review past activities and procedures undertaken to evaluate, qualify and rank in order of merit, voluntary applicants for special flying duties under OSA direction.
2. To review the integrated plan for the ensuing recruitment activities as prepared by the undersigned, and insure complete coordination and understanding of the interrelated medical, psychiatric and psychological procedures on the part of those responsible for final recommendations. Such additions, deletions or alterations in the schedule of activities as presented should be made on the basis of this conference and with the concurrence of all present and submitted without delay to the Chief, OSA for final approval.
3. To consider and discuss in all practical detail and ramifications, those improvements in selection and qualification procedures which can logically be instituted in any follow-on groups scheduled after the current five applicants have been processed.
4. To consider the feasibility and practicability of instituting a more continuous and dynamic follow-on evaluation program to include both medical physiologic and psychological evaluations and assessments, as the accepted candidate proceeds through the various echelons of training and operational activities.

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B. Problem Areas for Discussion which have arisen during
Past Recruitment Activities.

1. Medical abnormalities which are considered disqualifying for special flying activities are occasionally uncovered by the extensive SAM aeromedical evaluation procedures and these have occurred despite every effort made to carefully review the candidates past medical records. In these cases of medical disqualification, the Surgeon General has explained the reason for rejection from the Special Project and has attempted to maintain, wherever possible, their past flying qualifications insofar as routine Air Force duties are concerned. We have in the past taken all corrective action to eliminate the incidents of these medical disqualifications by obtaining the medical information directly from the flight surgeon at the candidates home base and this practice has quite significantly reduced the number of these types of initial rejections.

2. A problem of much greater proportions than cited in (1) above is the almost complete lack of any meaningful information on the applicants past psychological and sociological patterns of behavior as related to both his actual flying job and his family, economic, social and community responsibilities. The machine-record form currently used to give biographical, job performance and other personal data provides a very inadequate general picture of the applicants past history. In previous discussions on this problem there have been a number of what would appear to be very practical suggestions on various means and methods by which useful information could be obtained. However it would seem that we are never able to plan our recruitment activities far enough in advance to allow the solicitation and evaluation of this ancillary material. Instead, it appears that we suddenly find ourselves with a very urgent deadline to meet in terms of producing qualified candidates, allowing a total time period which is far too short to obtain this additional background information. Past experience with either voluntary or directed dropouts from an established program would indicate that the basic factor involved was in the form of either insufficient information on past performance or behavior, or a lack of proper consideration being given to it at the time of final qualification.

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3. As a single item of extreme importance, included in the factors discussed in (2) above, is that which concerns an evaluation of the wife's adaptability, compatability and position of power in making final family decisions. The time available factor in conducting these background investigations is equally pertinent to this specific consideration of the wife's behavior pattern and relationships. Therefore it would appear that until a more realistic time period is allocated to these recruitment activities than has been the case in the past, we will not be able to improve greatly on this problem of consort assessment.

STATINTL 4. Some difficulty has arisen in the past through lack of data obtained during the SAM procedures being available for use by the Washington group. This has been particularly true in the case of [REDACTED] request for raw data obtained during the psychological testing of the candidates as they have gone through the SAM procedures. In the majority of cases he has received only the interpretative results, which although of some value, are at the same time not nearly as useful as the raw data in making his own conclusions. This defect in past procedure should be corrected in time for our currently planned recruitment activities.

STATINTL 5. As will be noted by the program of activities, there has been formalized a requirement for an adaptability rating for special project flying to be made on each candidate by one of the three responsible flight surgeons, namely, [REDACTED] and Flickinger. This assessment is made largely on the basis of a personal interview being conducted by the flight-surgeon on the general pattern of the Air Force adaptability rating for military aeronautics, with additional areas being covered through knowledge of specific stresses involved in special project piloting activities. It would seem highly desirable therefore, to have a good understanding between the flight surgeons, [REDACTED] on how, both qualitatively and quantitatively, these three separate evaluations will be integrated and enmeshed together. Despite the fact

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that psychiatry and psychology are not considered exact sciences, it would certainly seem quite feasible and practical to list those particular aspects of the individual's behavior and performance pattern which each of the aforementioned is attempting to focus upon; and to assess and make therefrom reasonably accurate predictions regarding the future. There should be sufficient coordination to insure a final useful product emerging from the net total effort expended.

6. As a corollary to (5) above, it perhaps is superfluous to point out the need for close liaison being maintained as each candidate is processed through various stages of recruitment activities between all responsible personnel involved. The point to be emphasized here is simply that any significant differences of opinion regarding medical, psychologic or psychiatric qualifications or disqualifications should definitely be resolved and presented as a concurrent opinion rather than have an equivocal situation regarding an individual's qualification continue to exist on through until the final evaluation committee sits in conference. In the final analysis, there should be but a single set of recommendations regarding each individual's medical and psychological fitness or unfitness for special project activities submitted to the composite review and decision-making board. It is likely that there will actually be two final boards convened, one by OSA itself with operational and other staff people in attendance and a subsequent board chaired by security personnel. At this latter board, according to past procedures, the results and recommendations of both the flight surgeons and the psychiatrist will be expressed and explained where necessary by [REDACTED] I would emphasize again that differences in medical or psychological opinion of significant degree cannot and should not be arbitrated by non-medical personnel sitting on either of the above-mentioned board proceedings.

7. The logistics and finances involved in carrying out this recruitment exercise has been, in general, explained to [REDACTED] Chief Administration, OSA but the specific details on these various arrangements should be brought up for discussion by [REDACTED]

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C. Considerations for modifications and/or changes to be made in future recruitment proceedings in order to improve and optimize the end-product.

1. Some indication for obvious improvements in terms of gaining more factual and practical background information on each candidate has been discussed at some length above. It would therefore seem necessary herewith only to attempt to delineate those areas of past behavior and performance which we feel are most pertinent to our evaluation and thereafter determine practical means for obtaining same. Obviously one would have to think of lead times almost to the extent of six months if this improvement were to be made and I see no particular problem in gaining such time as would be necessary providing we can plan our future pilot needs along fairly realistic lines.
2. Although we life scientists, or human and behavioral scientists, have individually attempted to keep abreast of significant breakthroughs in this general area of evaluation and prediction of human performance and behavior, there has been to my knowledge no formalized or concerted effort to do this with the specific requirements of OSA activities in mind. Assuming that these activities are going to continue indefinitely into the future, it would appear advantageous to commit some effort in this direction. There are several possibilities of closing with this particular problem and they will be brought up for discussion at the time of the conference.
3. Prior to the institution of any improvements in our present procedures and conceptual approaches to the principal objective can be planned and implemented with any degree of success, one on-going defect in our present system of record keeping must be corrected. This obvious defect arises from the fact that despite excellent past efforts on the part of all of us concerned, there is still a rather serious decentralization of records either directly or indirectly pertinent to the individuals pattern of continuous behavior and performance after his inception into a particular OSA program. Thus, records dealing with responses to

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physiologic and psychologic stress during special periods of training, before and after training and operational flights, or before and after significant incidents or accidents, are not available to the principal groups of medical and behavioral scientists responsible to various organizations within the agency. Although past investigations of this problem have yielded no regulations or policies which would directly interdict such a coordinated dynamic system of record keeping, for some reason or other we have never achieved even close to the ideal objective in this matter. Therefore in the opinion of the writer, through lack of coordination of these significant inputs into a composite profile of the individual's behavior and performance, we are truly not gaining any useful information from our total experience and knowledge. The fact that we cannot individually or collectively benefit through open publication of our experiences and results should not preclude our every endeavor to sanitize our medical and psychological findings in such a manner as would enable our own biomedical and behavioral community to utilize them as well as possibly other government groups faced with the same basic problems.

D. Planning for a practical method of continuously monitoring each OSA pilot through his project lifetime.

1. There are many on-going programs dealing with aging processes, physiologic aging ratios, delineation of deteriorative trends and improving our ability to predict incipient pathology and irreversible physiologic or mental degradations. Depending upon the particular group (government or otherwise) involved in these activities, there are fairly specific procedures established toward different end objectives but they all have in common a continuous pattern of periodic analysis, evaluation and prediction based upon dynamic interaction between the individual, his environment, his social life and his occupation.

2. It would appear completely feasible and practical for those of us responsible for the project effectiveness and

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durability for each major human component involved, to fashion a continuous dynamic evaluation procedure and integrated data collection and analysis system which would yield useful answers for both an immediate operational problem or a longer term projection and prediction. It is doubtful that the time allocated for this present conference will suffice for any detailed discussion of such a plan. However it is recommended that a second and follow-on conference be scheduled for the immediate future to which [REDACTED] and his staff would be invited; at which time we could deal more completely and objectively with this suggested idea for bringing about a major improvement in our current capability.

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Don Flickinger, M.D.

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